

CLAIMS ONLY							Application Number		Filing Date		
							10/089449				
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	*	*	*
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
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42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep	3						Total Indep				
Total Depend	5	←	←	←			Total Depend	←	←	←	←
Total Claims	8						Total Claims				